

NOTICE OF CONTRACTING OPPORTUNITY AND
APPLICATION FOR NAVY CONTRACT POSITIONS
10 NOV 03

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 1500 EST (3:00 PM EST) ON OR BEFORE (02 DEC 03). SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
CODE 02, 22L
FORT DETRICK, FREDERICK, MD 21702-9203
PH: 301-619-2335

A. NOTICE. This position is set aside for two (2) individual Sports Medicine Physicians only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS.

1. SPORTS MEDICINE PHYSICIAN. The Government is seeking to place under contract, two individuals who hold a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The successful candidates must possess board certification in Emergency Medicine, Family Practice, Internal Medicine, Preventive Medicine, Orthopedics, Pediatrics or Physical Medicine & Rehabilitation and have successfully completed a residency program in sports medicine. These individuals must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

2. Services shall be provided at the Naval Medical Center (NMC), Portsmouth, VA. You may be required to temporarily rotate among Military Treatment Facilities (MTFs) as deemed necessary by the Commander.

3. You shall serve as a Sports Medicine Physician for Orthopedics in support of the Naval Medical Center, Portsmouth, Virginia which may include providing services at outlying Branch Medicine Clinics within the Tidewater Area.

4. You shall accrue eight hours of personal leave at the end of every 2-week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

5. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour meal break) between the hours of 0700 and 1730, Monday through Friday. Specific hours will be determined by the Government depending on patient volume and clinical scheduling needs. You shall arrive for each scheduled shift in a well-rested condition with at least six hours of rest from all other medical duties.

6. This position is for a period beginning from the start date

II. STATEMENT OF WORK

A. The use of "Commander " means Commander, Naval Medical Center, Portsmouth, or designated representative, e.g., Technical Liaison or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Sports Medicine services on site, using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

Administrative and Training Requirements. You shall:

1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.
2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
5. Participate in the implementation of the Family Advocacy Program as directed.
6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

Standard Duties. You shall perform a full range of sports medicine services on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services. You shall:

1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.
2. Provide a full range of sports medicine procedures as identified in *Enclosure I*. Diagnose, treat, and counsel patients as indicated.

3. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
4. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
5. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
6. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
7. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
8. Participate in peer review and performance improvement activities.
9. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
10. Complete continuing education to meet own professional growth and specialty standards.
11. Participate in peer review and performance improvement activities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Possess board certification in one of the following ACGME accredited specialties: Emergency Medicine, Family Practice, Internal Medicine, Pediatrics, Orthopedics, Preventive Medicine or Physical Medicine & Rehabilitation.
3. Have successfully completed a residency program in one of the specialties, 1-year minimum listed in D.2.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Certified in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross (CPR) Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.
6. Have documentation of current Drug Enforcement Agency number.
7. Be eligible for U.S. employment.
8. Provide two or more letters of recommendation from practicing physicians, written within the last 2 years, attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
9. Represent an acceptable malpractice risk to the Navy.
10. Submit a fair and reasonable price that has been accepted by the Government.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training, both quantity and quality as it relates to the duties required herein.
2. The letters of recommendation required in item D.8, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a physician in a DoD medical facility.
4. Total Continuing Education hours within the preceding 5 years..

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Sheet – Sports Medicine Physician" (Attachment 1).
2. _____ Two or more letters of recommendation per paragraph D.8., above.
3. _____ A completed Pricing Sheet (Attachment 2)
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Two copies of employment eligibility documentation per Attachment 3.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov/>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Acquisitions@nmlc.med.navy.mil, Subject Line: CODE 02 (22L) by fax at (301) 619-6793 or by telephone at (301) 619-2335.

We look forward to receiving your application.

SPORTS MEDICINE PROCEDURES

- Minimum of primary care general medical officer privileges
- Examination, diagnosis and treatment of disorders of the Musculoskeletal system including:
 - Contusions, strains, sprains
 - Sports medicine and related injuries
 - Back and neck pain, chronic and acute
 - Neuromuscular disease and demyelinating disease
 - Nonsurgical musculoskeletal problems (e.g., Rheumatic diseases, collagen diseases, foot disorders)
 - Peripheral nervous system disorders and myoneural junction disorders, e.g., radiculopathies and myasthenia gravis)
 - Generalized deconditioning
 - Evaluation and management of chronic pain conditions
 - Pediatric diagnosis, treatment and rehabilitation
- Prescription of modalities, including hydrotherapy, ultraviolet and infrared light, microwave, short-wave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
- Local infiltration of steroids and local anesthetic mixtures into joint, facet, subacromial space, trigger point, tendon sheath, or perineural tissue (e.g., Morton's Neuroma)
- Arthrocentesis
- Management of simple closed fractures with closed reduction, not requiring general anesthesia
- Local hematoma anesthetic block of a fractured bone
- Prescription of off-the-shelf orthotics, prosthetics, and adaptive equipment, e.g., crutches and wheelchairs

PERSONAL QUALIFICATIONS SHEET – SPORTS MEDICINE PHYSICIAN ATTACHMENT 1

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item XI of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PERSONAL QUALIFICATIONS SHEET – SPORTS MEDICINE PHYSICIANI. General Information

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education (Section D, Item 1):

Degree from: _____
 (Name of School and location)

Type of Degree _____

Date of Degree: _____ (mm/dd/yy)

III. Residency Training (Section D, Item 3):

Place: _____
 (Name of Facility and location)

Type of Training _____

Date of Completion: _____ (mm/dd/yy)

IV. Board Certification (Section D, Item 2)

_____ (mm/dd/yy)
 Certifying Board Date of Board Certification

_____ (mm/dd/yy)
 Certifying Board Date of Board Certification

V. Approved Continuing Education (Factor for Award):

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Professional Licensure (License must be current, valid, and unrestricted)(Section D. Item 4)

_____ (State) Date of Expiration: _____ (mm/dd/yy)
 _____ (State) Date of Expiration: _____ (mm/dd/yy)
 _____ (State) Date of Expiration: _____ (mm/dd/yy)

VII. Professional Employment: List your current and preceding employers. (Enhancing Factor):

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	

Work Performed: _____		

<u>Name and Address of Preceding Employer</u>	<u>From</u>	<u>To</u>
(2) _____	_____	

Work Performed: _____		

<u>Name and Address of Preceding Employer</u>	<u>From</u>	<u>To</u>
(3) _____	_____	

Work Performed: _____		

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VIII. Basic Life Support Level C (Section D, Item 5): Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

IX. Drug Enforcement Agency Number (Section D, Item 6)

X. Employment Eligibility (Section D, Item 7):

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

XI. Professional References (Section D, Item 8):

Provide three letters of recommendation.

XII. Additional Medical Certifications or Licensure (Factor for Award)

Type of Certification or License

Date of Certification or Expiration

Type of Certification or License

Date of Certification or Expiration

Type of Certification or License

Date of Certification or Expiration

XIII. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

(mm/dd/yy)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 19 Jan 2004 through 30 September 2004. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

PRICING INFORMATION

(a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienist in the Portsmouth, VA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

(c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S. C. 1090.

(d) Price Proposal:

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Sports Medicine Doctor at the Navy Medical Center, Portsmouth, VA. in accordance with this Application and the resulting contract.				
0001AA	Base Period: 19 Jan 04 through 30 Sep 04	1472	HRS	\$ _____	\$ _____
0001AB	Option Period I; 1 Oct 04 through 30 Sep 05	2088	HRS	\$ _____	\$ _____
0001AC	Option Period II; 1 Oct 05 through 30 Sep 06	2080	HRS	\$ _____	\$ _____
0001AD	Option Period III; 1 Oct 06 through 30 Sep 07	2080	HRS	\$ _____	\$ _____
0001AE	Option Period IV; 1 Oct 07 through 30 Sep 08	2096	HRS	\$ _____	\$ _____
0001AF	Option Period V: 01 Oct 08 through 18 Jan 09	624	HRS	\$ _____	\$ _____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 4

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

CENTRAL CONTRACTOR REGISTRATION INFORMATION:

Date CCR application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____

ATTACHMENT 5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____